

The Royal College of Chiropractors Annual Conference

Improving the dementia friendliness of your clinic

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Association for Dementia Studies (est. 2009)

Developing evidence-based practical ways to help people live well with dementia



- Multi-professional innovative research centre inclusive of people directly affected by dementia
- Education and practice development.
- PhD studentships
- Practical publications and on-line resources



Dementia

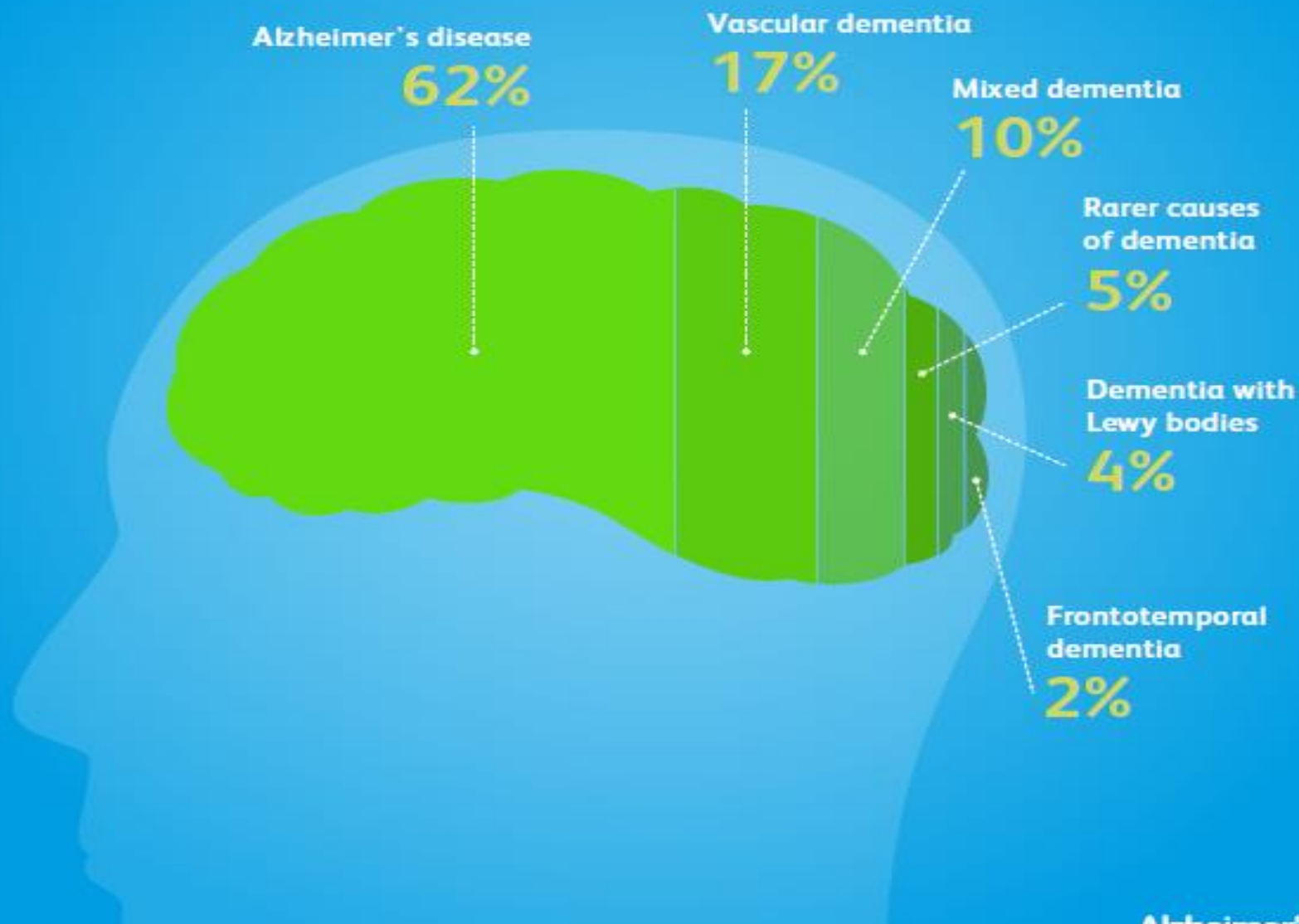
“Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple cortical functions, calculation, learning capacity, language and judgement.”

World Health Organisation (2015)

Dementia is caused by a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke

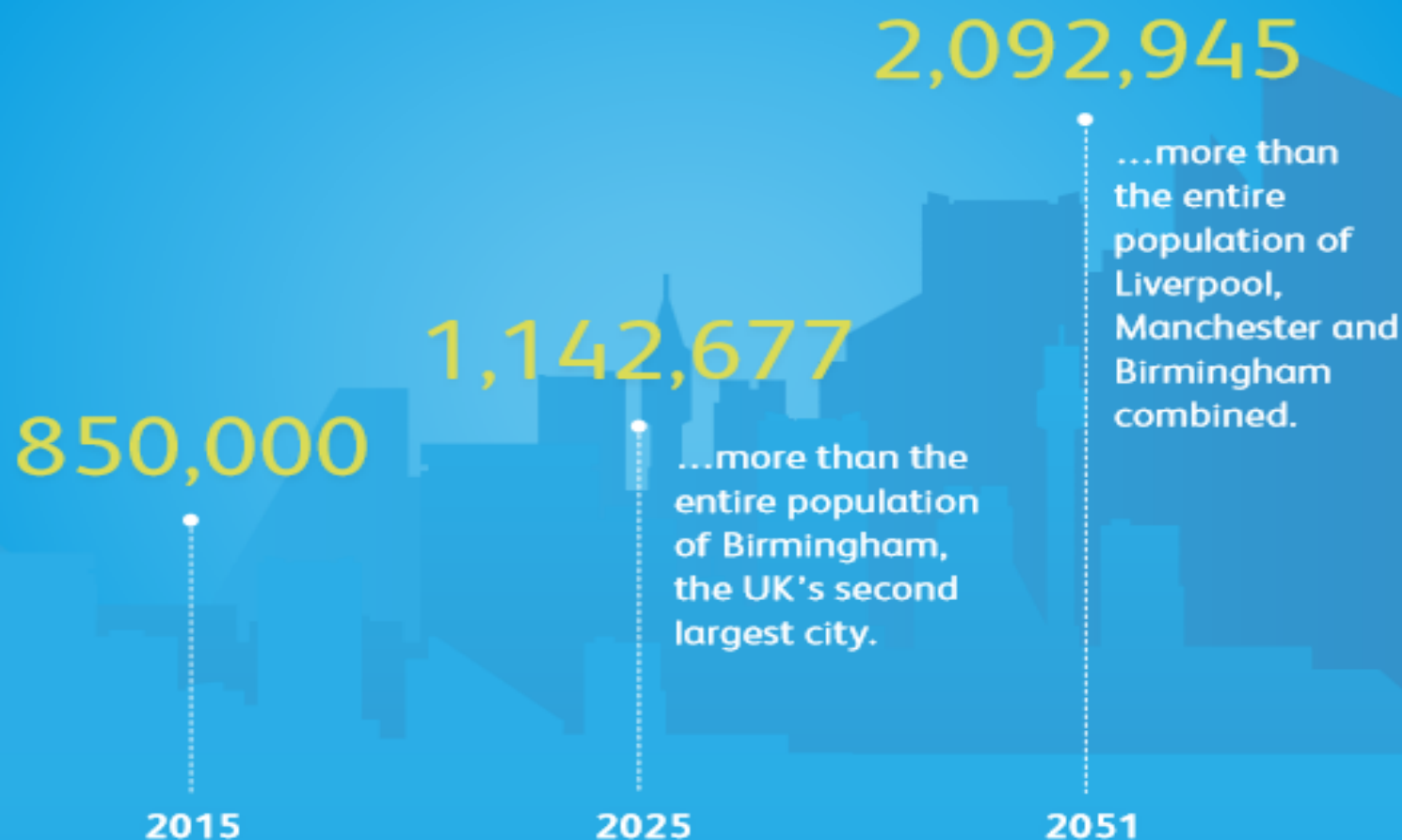
What is dementia?

Dementia is caused by diseases of the brain, the most common of which is Alzheimer's.



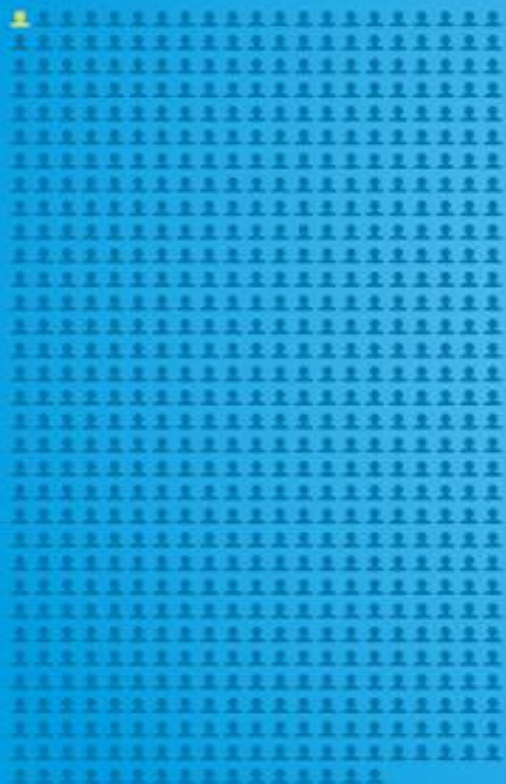
850,000 people live with dementia in the UK

...if we don't take action this number is predicted to rise to over two million by 2051.



The risk of dementia increases with age

1 in 688 people
under 65 have dementia.



1 in 14 people
over 65 have dementia.



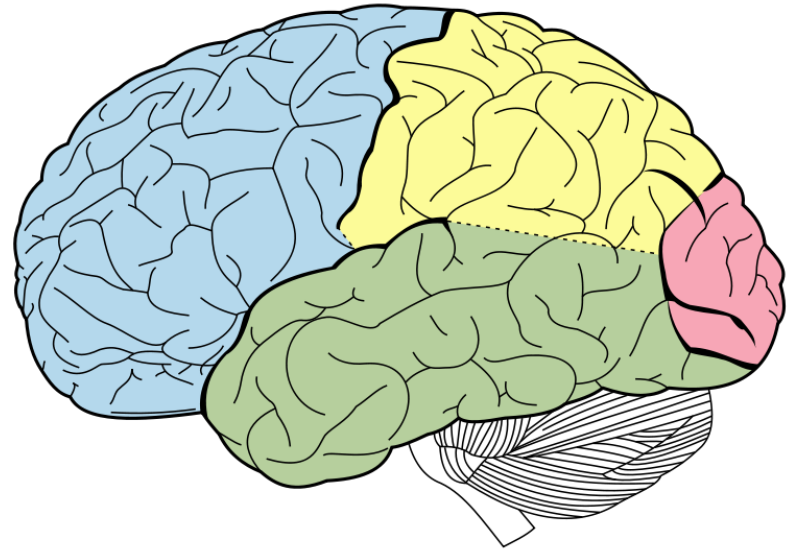
1 in 6 people
over 80 have dementia.



Impact of dementia

Changes in the brain which may affect:

- Memory
- Language
- Visual perception
- Comprehension
- Orientation to time and space
- Mobility and fine motor skills
- Recognising objects
- Learning new skills



Frailty and Co-morbidity

- Visual impairment
 - people over 60 years old need 60% more light
 - effects of yellowing
 - colour blindness
- Hearing impairment
 - 70% of people over 70 years old have hearing impairment
 - people with dementia may have tinnitus
- Mobility & falls
- Pain



Living well with dementia: A National Dementia Strategy



National strategy for England launched 2009

DoH commissioned The King's Fund to work with 23 hospital trusts to improve the environment for people living with dementia.

Subsequent work in other care settings
Including care homes and housing

Why environmental design matters for people with dementia

The built environment can create
significant challenges to people with
cognitive disabilities such as dementia
(Jackson & Kochtitzky, 2001)

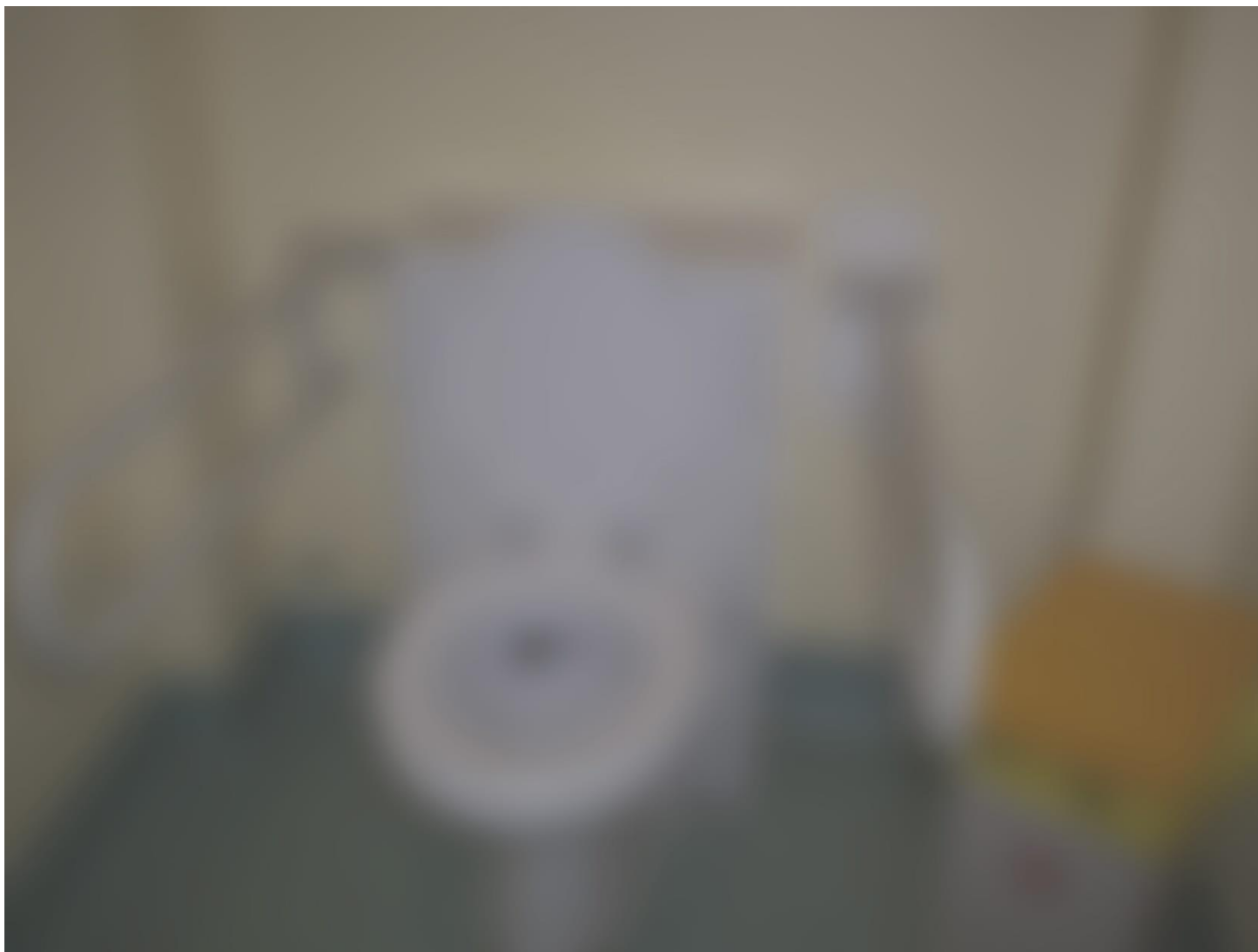
For people with dementia, their condition
and associated symptoms are known to be
influenced by the physical environment
(Ebersole, Hess & Schmidt-Luggen, 2004;
van Hoof & Kort, 2009)

Due to a loss of cognitive ability, a suitably designed
physical environment is recognized as important in
overcoming behavioural issues, providing comfort,
assisting with wayfinding and promoting
independence. This is because the experience for
the person becomes more sensory than intellectual
(Hadjri, Faith & McManus, 2012; Joseph, 2006)

People with dementia are likely to:

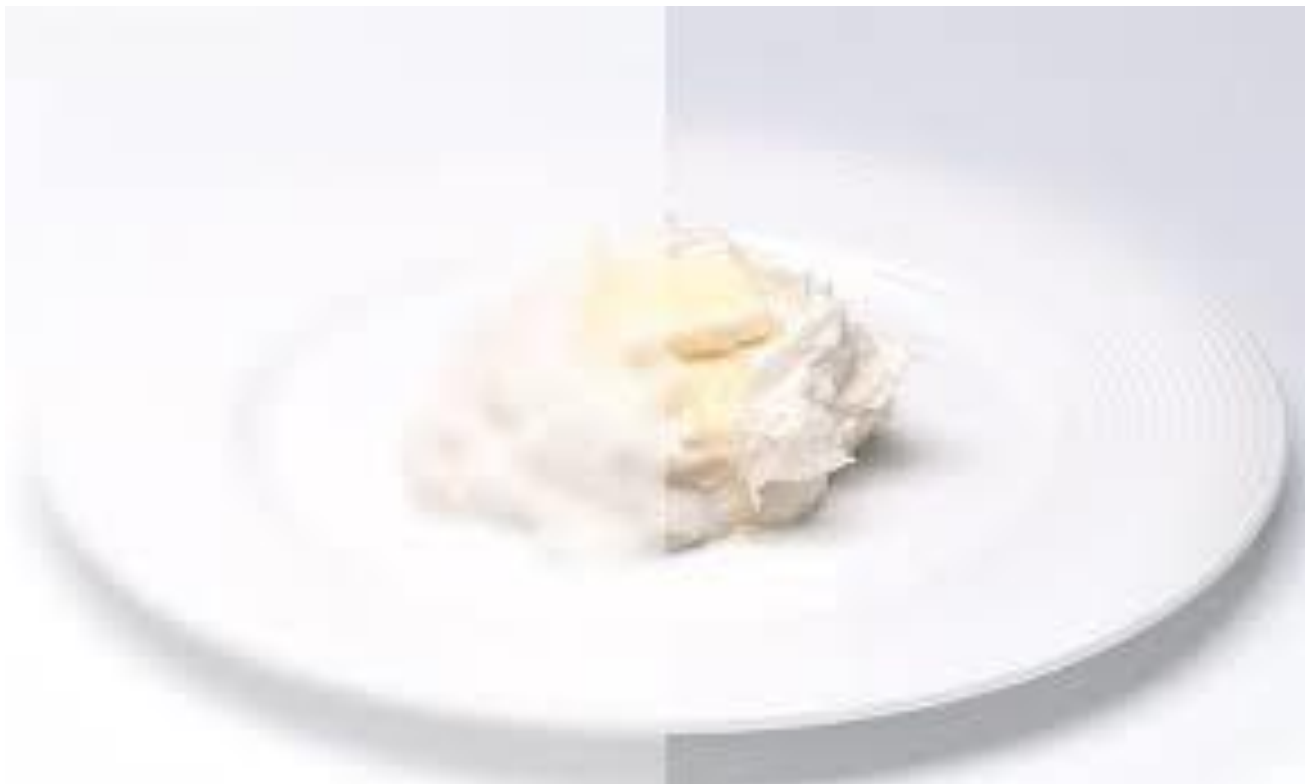
- Be confused and agitated in unfamiliar environments
- Become distracted when faced with competing information e.g. signs and notices
- Not to be able to see things if they are the same colour as the background e.g. handrails
- Resist walking on shiny floors as they may appear wet and think shadows may represent a change in level
- Want to walk

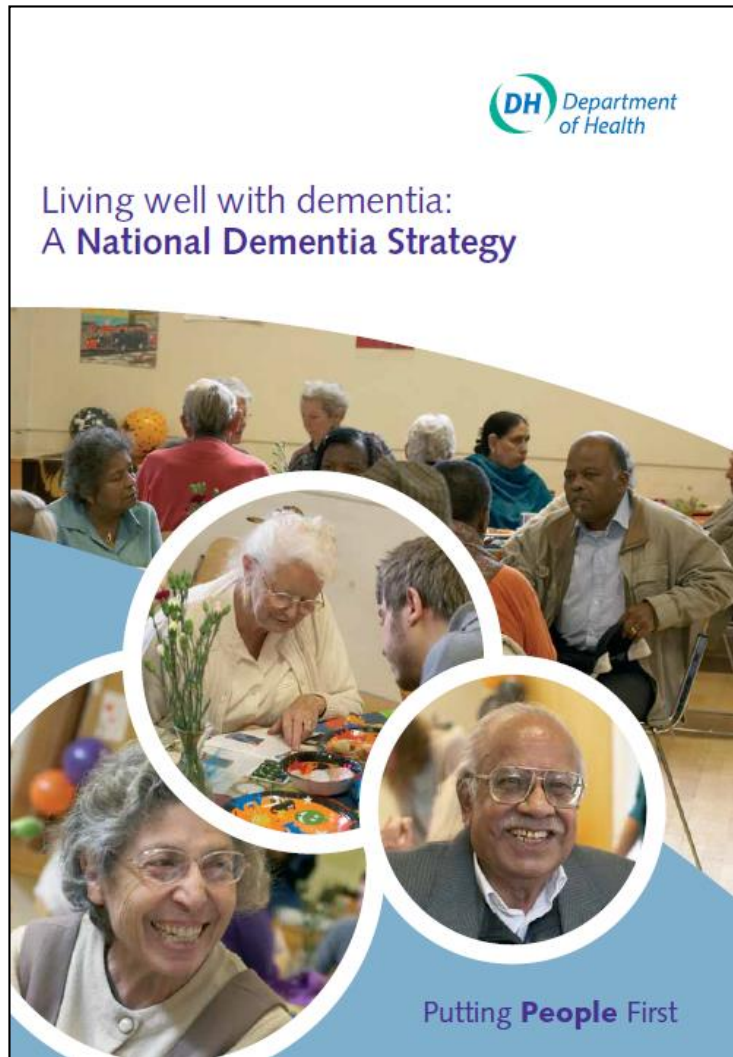












2009
National strategy for England
published

The King's Fund commissioned by
DH to work with 23 hospital
trusts to improve the environment
for people living with dementia in
hospital

Subsequently work taken forward
in other care settings including
care homes and housing

Hospitals, care homes & housing common issues of:

- Poor signage and lack of way-finding cues
- Poor use of colour and contrast
- Lack of natural light and views of nature
- Unhelpful lighting – glare and pooling
- Clutter and distractions
- Stark, unwelcoming spaces off long featureless corridors
- Lack of seating areas to rest
- Under-use of gardens and outside spaces
- Little engagement in meaningful activity

Dementia Friendly Environments

What has made most difference?

Staff

- Education

- understanding of dementia
- impact of the environment
- what makes good design

leading to changes in attitudes and behaviours

- Environment

- clear sight lines and removal of distractions
- improved lighting, flooring and signage
- use of colour, aids to wayfinding and orientation (including artworks)
- familiar spaces, furniture and sanitary ware
- social spaces and age appropriate activities



OUTCOMES

Easing decision making

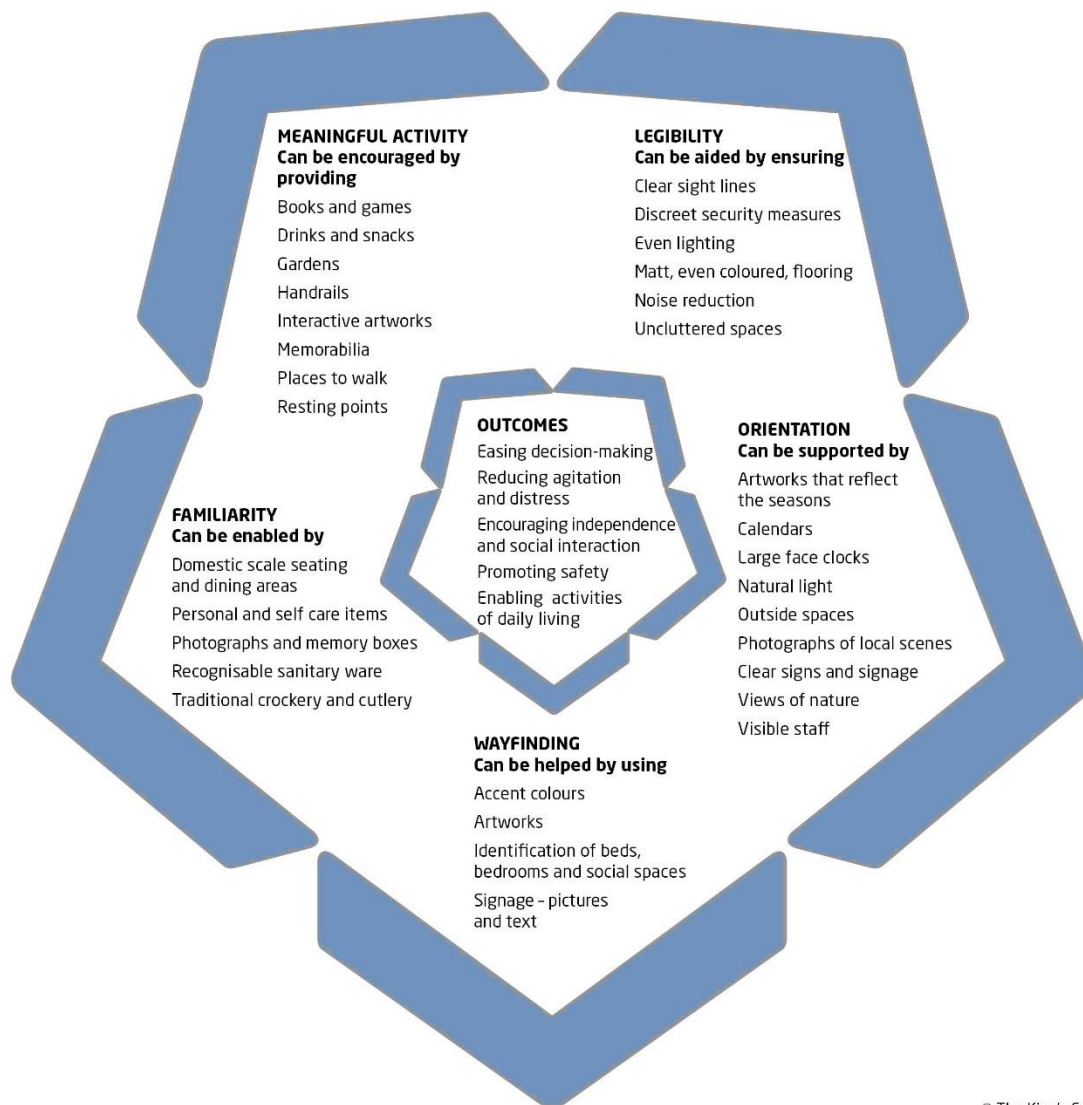
Reducing agitation
and distress

Encouraging independence
and social interaction

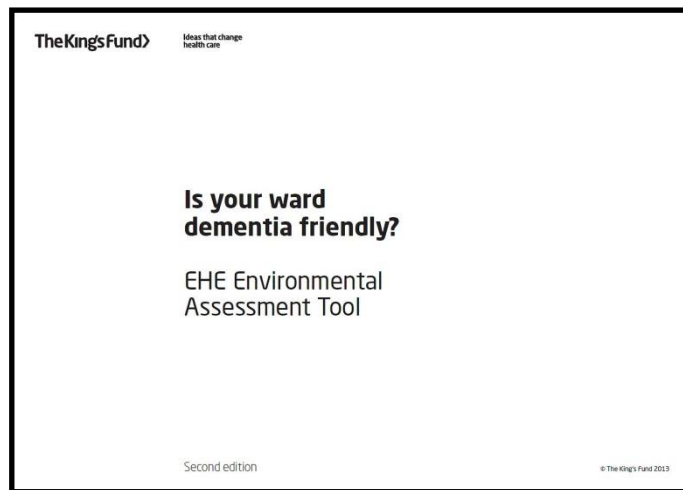
Promoting safety

Enabling activities
of daily living

Overarching design principles




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3 The environment encourages eating and drinking

Rationale
Having a choice of where to eat, eg with others or by themselves, may encourage people to eat and drink as will the provision of nutritious drinks and snacks. For people with dementia crockery, cutlery and drinking glasses should be chosen with care to look familiar (hospital beakers and specially shaped plates may not be recognised) and to offer a colour contrast from the food or drink because people may not be able to see white food that is presented on a white plate.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

- A** Do patients and/or their relatives have constant independent access to hot and cold drinks? ☐
- B** Do patients have independent access to snacks and finger food? ☐
- C** Is the crockery and glassware of familiar design and in a distinctive colour that contrasts with tables and trays? ☐
- D** Is there somewhere for patients to eat other than by their beds? ☐
- E** Is there a space where patients can eat together? ☐
- F** Is there enough space and chairs for staff or carers to help with eating and drinking? ☐

Please give examples of good practice/ areas of concern

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Is your housing dementia friendly?

Is your care home dementia friendly?

EHE Environmental

Is your hospital dementia friendly?

EHE Environmental Assessment Tool



Second edition

Is your health centre dementia friendly?

EHE Environmental Assessment Tool



First edition

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Making your home dementia friendly



What ADS has been asked to do:

Purpose

- To develop a practical dementia friendly environmental assessment tool and dementia friendly design guidance
- The tool to form an integral part of Patient Partnership Quality Mark (PPQM)

NB. This is not a comprehensive dementia guide for the profession

Principles

- Able to be used across all settings where chiropractors work
- Not an audit tool but a way in which chiropractors can self assess their clinic environments and make improvements where necessary

Reference Group Workshop

Agreed outcomes

An overarching assessment tool for the clinic as a whole

Seven sections that relate to aspects of the physical environment known to impact on people living with dementia

An Introduction to Dementia Friendly Design

Dementia overview, evidence of the impact of the environment, key elements of dementia friendly design, and list of useful resources

Overarching criteria

The environment promotes

- Meaningful interaction between patients, their families and staff
- Wellbeing
- Encourages active engagement of people with dementia in their care
- Mobility
- Continence and personal hygiene
- Orientation
- Calm, safety and security

6 The environment promotes orientation

Rationale

People with dementia are likely to become agitated in unfamiliar surroundings and providing visual clues and prompts, including accent colours and artworks of local landmarks, to help them find their way around is particularly important. Signs need to be placed at a height where they can easily be seen and should be placed on doors not beside them. Strong patterns on wall coverings or furnishings can be misinterpreted. Providing clocks and signs indicating the name and address of the clinic will help with orientation.

Questions

Please indicate fully met, room for improvement or N/A for each question

	Fully met	Room for improvement	N/A
A. Are signs of a good size and a contrasting colour and hung at a height (approximately 4 foot/1.2m) that makes viewing them easy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are any signs denoting consultation room number or name clear and easy to read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are signs placed at key decision points to assist navigation through the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is there a large face clock easily visible in all areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is there clear internal signage denoting the name of the clinic and its location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are there points of interest and way finding clues throughout the clinic e.g. different colours or artworks used to denote each floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give examples of good practice/areas of concern:

You can also use the plan of action to record how you intend to address the areas requiring work, and when those actions have been completed.

- 1 The environment promotes meaningful interaction between patients, their families and staff
- 2 The environment promotes well-being
- 3 The environment encourages active engagement of people with dementia in their care
- 4 The environment promotes mobility
- 5 The environment promotes continence and personal hygiene
- 6 The environment promotes orientation
- 7 The environment promotes calm, safety and security

[illegible]

Actions	Date completed

Guidance and Assessment Tool

Feedback from first round of testing

Additional information on key elements of design and useful resources to be included. Clarification on some questions needed.

‘Simple to use, good background information and context, thought-provoking, great ideas for improving our clinic environment.’

‘Its very helpful to have a guide to focus on areas that you can improve. I like the summary sheet [can be] reviewed at a glance to see what needs attention and improvement.’

Next Steps

Drafting the guidance/tool

- Testing with a wider group - February
- Review
- Finalise the tool/checklist/guidance – March

Call for volunteers for second round of testing

**If you would be interested in assisting with the next Round of testing please contact Jennifer Bray
j.bray@worc.ac.uk**

Dementia Friendly Design

s.waller@worc.ac.uk

www.worcester.ac.uk/dementia

For direct access to the assessment tools please go to
<https://www.worcester.ac.uk/discover/kings-fund-environmental-assessment-tools.html>

